

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF HEALTH FACILITIES
TRAINING ENROLLMENT FORM**

Please check the training you plan to attend: MDS ☐ RAPS/CARE PLANNING ☐ OASIS ☐

Facility

Mailing Address, City, and Zip Code

E-Mail Address:

Phone Number (very important)

Name and Telephone number for person to contact
after hours if necessary to reschedule class due to
weather, etc.

Work () _____

Name: _____

() _____

Please enroll me/us for the Training scheduled on _____(date)

Location _____(town)

Name/Licensure of staff registering (please print)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please mail enrollment form to:

OR

Fax form to:

MDS/RAPS/OASIS Enrollment
Bureau of Health Facility Regulation
Kansas Department of Health and Environment
1000 SW Jackson, Suite 330
Topeka, KS 66612-1365

OR

(785) 296-1266

E-Mail to:

lsearles@kdhe.state.ks.us

Please bring a copy of the RAI User's Manual with you to the class for MDS and RAPS; and a copy of Chapter 8, with attachments, from the OASIS User's Manual for the OASIS class.